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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PEDRO LUZQUIHOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PLUZQUIHOSFC@HOTMAIL.COM

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

19 FEB 15 AM 10:37

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
AVANTI CAPITAL GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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FEB 18 2019

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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** AVANTE CAPITAL GROUP INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GONZALO DAVALOS  
Name (Printed or typed)

1172 SOUTH DIXIE HWY SUITE 570  
Address

CORAL GABLES, FL 33146  
City, State & Zip

786-239-7852  
Daytime Telephone number

PLIJZQUINOSF@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AVANTI CAPITAL GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1172 SOUTH DIXIE HWY SUITE 570

CORAL GABLES, FL 33146

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GONZALO DAVALOS (P)

Name and Title: \_\_\_\_\_

Address: 1172 SOUTH DIXIE HWY SUITE 570

Address: \_\_\_\_\_

CORAL GABLES, FL 33146

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GONZALO DAVALOS  
 Address: 1172 SOUTH DIXIE HWY SUITE 570  
CORAL GABLES, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GONZALO DAVALOS  
 Address: 1172 SOUTH DIXIE HWY SUITE 570  
CORAL GABLES, FL 33146

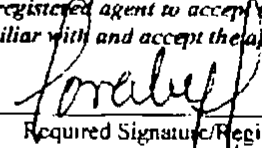
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

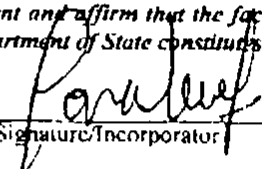
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

 \_\_\_\_\_ 02-15-2019  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 \_\_\_\_\_ 02-15-2019  
 Required Signature/Incorporator Date

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